

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

Serial No.

Publication No.

Applicant's Name

6-174433

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	✓					
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
9		✓				
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TOTAL IND	✓	✓	✓	✓	✓	✓
TOTAL DEP	✓	✓	✓	✓	✓	✓
TOTAL CLAIMS	✓	✓	✓	✓	✓	✓

	★		★		★	
	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND	✓	✓	✓	✓	✓	✓
TOTAL DEP	✓	✓	✓	✓	✓	✓
TOTAL CLAIMS	✓	✓	✓	✓	✓	✓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS